

Department of General Services

SOURCE JUSTIFICATION FORM

Bureau of Procurement

The objective of this form is to capture all relevant documentation an Agency may have to assist the Department of General Services ("DGS"), Bureau of Procurement, in expediting the source justification review process. This form must be completed electronically, signed, and submitted with all relevant documentation to DGS. If a question is neither mandatory nor applicable, please indicate "N/A". Please use standard terminology and define acronyms.

SECTION A

1. Agency Name:	Public School Employees Retirement System		
2. Procurement Description: This description will appear on the eMarketplace website for public viewing	Vitech Pension Administration Software System		
Materials Description:			
Services Description:	Vitech Pension Administration Software System		
3. Materials Shopping Cart # or Services SPR#	000	Estimated Cost:	\$5M +
		Initial Contract Term:	5 years
		Renewals:	0
4. Supplier - Name:	Vitech Systems Group, Inc.		
Full Address:	401 Park Ave S Fl 12, New York, NY 10016-8808		
Contact Name:	Chris Amarante		
Telephone:	212-868-9798	FAX:	
E-mail:	camarante@vitechinc.com		
SRM Supplier #:	213859		
5. Delivery or service location:	Harrisburg, PA 17101		

SECTION B

<input type="checkbox"/>	1. Sole Source: Only known source - Not available from another supplier.
<input type="checkbox"/>	2. Material/Repair/Maintenance: Material or service MUST be compatible with existing equipment. Documentation must be provided from the manufacturer.
<input type="checkbox"/>	3. Used Equipment: Value set by 2 independent 3rd party appraisals.
<input type="checkbox"/>	4. Professional Expert: Describe in detail in Section C.
<input type="checkbox"/>	5. Exempt (Law): A federal or state statute or regulation exempts the procurement from the competitive procedure. Any applicable information precluding the procurement from competitive procedures must be attached.
<input checked="" type="checkbox"/>	6. Feasibility: Clearly not feasible to award the contract on a competitive basis.

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SECTION C

1. Describe the unique features of this procurement that prohibit a competitive environment. If applicable, attach a Statement of Work ("SOW").

PSERS has contracted with Vitech since 2007 for the pension administration software system. This latest contract renewal will be a 5-year agreement that includes all maintenance, services, and support associated with the license subscription for the current on-premise instance of the pension administration system, as well as the planned migration to Vitech's cloud-based SaaS solution, V3locity.

2. Document and attach the research that has been conducted to date to verify the supplier is the only known source.

N/A

3. Does the supplier utilize distributors, dealers, resellers, etc.? If "Yes," please identify.

N/A

4. Are there compatibility requirements or compliance requirements with a warranty or service agreement? If "Yes," please explain.

N/A

5. How has the material or service been procured in the past? Please provide previous source justifications, contracts, & PO's for this material or service.

Sole Source contract

6. If procured through the IT ITQ process, please provide original \$ amount and contract period of order. Is this the final phase of the project?

N/A

7. If this is an upgrade, addition, alteration, etc., to an earlier procurement, please describe in detail.

N/A

8. What are the consequences of not approving this procurement?

Impacts the critical business functions of PSERS

9. If timing is a factor, what is the time factor and why?

ASAP. Impacts the critical business functions of PSERS.

10. List any other information relevant to the acquisition of this procurement here or as an attachment.

N/A

11. For requests > \$100,000, has the supplier signed cost or pricing data certification and is the pricing breakdown attached?

Yes.

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SECTION D

IMPORTANT*: The printed names on this form shall constitute the signatures of these individuals. Agencies must insure that these individuals review the completed form and give their consent to apply their printed name on this form. No handwritten signatures shall be required in order for the form to be considered "signed" by those individuals whose names appear in the signature section of the form.

Shopping Cart Contact Person (Person whom DGS will contact regarding the Shopping Cart):

Name:	Cathy Gusler	P-Group:	HP1-7200 PS AD	Date:	11-09-23
Title:	Procurement Specialist	Telephone:		Fax:	

Agency Contact Person: Person in your agency that DGS can contact for additional information, etc.

Name:	Cathy Gusler	Title:	Procurement Specialist	Date:	11-09-23
Telephone:		Fax:		Email:	cgusler@pa.gov

Approving Authority (Agency Head or Deputy reviewing and approving this request): Approving Authority connotes approval of the source justification and the cost or pricing data certification.

Name:	Terrill Sanchez	Title:	Executive Director	Date:	11-09-23
Telephone:		Fax:			

Additional Approvals (if required by Agency):

Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	